

RELOCATION CLAIM

RESIDENTIAL

Information required by Act 31, P.A. 1970 as amended, and Act 277  
P.A. of 1972, to process payment.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                             |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------------|
| DISPLACEE'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                             |                       |
| ACQUIRED PROPERTY ADDRESS AND PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | REPLACEMENT PROPERTY ADDRESS AND PHONE      |                       |
| CONTROLLING DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                             |                       |
| DATE OF MOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE OF FINAL PAYMENT | DATE OF ESTIMATED JUST COMPENSATION DEPOSIT |                       |
| MUST OCCUPY REPLACEMENT PROPERTY BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                             |                       |
| If Tenant, 12 months after date of move                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | DATE                                        |                       |
| If Secured Owner, 12 months after date of final payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | DATE                                        |                       |
| If Unsecured Owner, 12 months after date of estimated just compensation deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | DATE                                        |                       |
| MUST FILE CLAIM FOR PAYMENT BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                             |                       |
| If Tenant, 18 months after date of move                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | DATE                                        |                       |
| If Owner, 18 months after date of move or final payment, whichever is later                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | DATE                                        |                       |
| RELOCATION PAYMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                             |                       |
| Replacement Housing Supplement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                             |                       |
| Incidental Closing Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                             |                       |
| Increased Interest Differential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                             |                       |
| Replacement Rental Supplement/Purchase Down Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                             |                       |
| Moving Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                             |                       |
| AMOUNT DUE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                             |                       |
| MOVE VERIFIED BY AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                             |                       |
| I/WE AGREE PAYMENT WILL BE SENT TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |                       |
| I/WE CERTIFY THAT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                             |                       |
| <div>1. All information submitted is true and correct.</div> <div>2. I/We have purchased or rented and occupied, or will purchase or rent and occupy, a replacement dwelling which is decent, safe, and sanitary within the standards prescribed by the Michigan Department of Transportation/FHWA.</div> <div>3. I/We have vacated or will vacate the state acquired property.</div> <div>4. I/We have not submitted any other claim, or received reimbursement from any other source, for expenses itemized on this claim.</div> <div>5. I/We agree if the amount of compensation is increased in an administrative settlement or condemnation action, the Housing Supplement shall be recalculated based upon the increased compensation award, and any overpayment in the Housing Supplement shall be deducted by the department from the final payment.</div> <div>6. I/We are a legal resident of the United States.</div> |                       |                                             |                       |
| DISPLACEE'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | DATE                                        | DISPLACEE'S SIGNATURE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                             | DATE                  |
| I/We certify that I/we have examined this claim and the substantiating documentation and have found it to conform to the applicable State and Federal laws and the operating procedures of the Michigan Department of Transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                             |                       |
| RECOMMENDED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | DATE                                        | APPROVED BY:          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                             | DATE                  |
| AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | JOB NO.               | PARCEL                                      | NAME                  |

**REPLACEMENT HOUSING SUPPLEMENT**

|                                         |  |                                                 |  |
|-----------------------------------------|--|-------------------------------------------------|--|
| a) Listing price of comparable dwelling |  | c) Acquisition price of state acquired dwelling |  |
| b) Sale price of replacement dwelling   |  | d) Lower of "a" or "b" minus "c"                |  |
|                                         |  | <b>AMOUNT DUE:</b>                              |  |

**INCIDENTAL CLOSING COSTS**

|                                                                                                |  |                          |  |
|------------------------------------------------------------------------------------------------|--|--------------------------|--|
| Administrative fee                                                                             |  | Mortgage Application fee |  |
| Appraisal fee                                                                                  |  | Mortgage Insurance*      |  |
| Assumption fee                                                                                 |  | Notary fee               |  |
| Certification fee                                                                              |  | Overnight fee            |  |
| Closing and/or Escrow fee                                                                      |  | Permits                  |  |
| Credit Report                                                                                  |  | Processing fee           |  |
| Discount Points*                                                                               |  | Recording fee            |  |
| Document Preparation fee                                                                       |  | Survey fee               |  |
| Inspections                                                                                    |  | Tax Service fee          |  |
| Legal fee                                                                                      |  | Title Insurance fee**    |  |
| Loan Origination fee*                                                                          |  | Underwriting fee         |  |
| Mobile Home Title Transfer fee**                                                               |  | Other                    |  |
| Mobile Home Sales Tax **                                                                       |  | Other                    |  |
| * Limited to balance of existing mortgage    ** limited to listing price of highest comparable |  |                          |  |
|                                                                                                |  | <b>AMOUNT DUE:</b>       |  |

**INCREASED INTEREST DIFFERENTIAL**

|                                |  |                      |  |
|--------------------------------|--|----------------------|--|
| Current Mortgage Balance       |  | New Mortgage Balance |  |
| Current Mortgage Interest Rate |  | New Interest Rate    |  |
| Current Mortgage Payment       |  | New Mortgage Term    |  |
|                                |  | Mortgage Points      |  |
|                                |  | <b>AMOUNT DUE:</b>   |  |

**REPLACEMENT RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT**

|                                                                     |           |             |                                                      |
|---------------------------------------------------------------------|-----------|-------------|------------------------------------------------------|
|                                                                     | PER MONTH | X 42 MONTHS |                                                      |
| a) Comparable rent + utilities                                      |           |             | d) Rental Supplement (lower of "a" or "b" minus "c") |
| b) Replacement rent + utilities                                     |           |             | e) Purchase Down Payment (greater of "d" or \$7,200) |
| c) Actual/Economic rent + utilities <b>OR</b> 30% of monthly income |           |             | <b>AMOUNT DUE:</b>                                   |

**SELF MOVE - FIXED COST**

| # OF ROOMS     | PAYMENT    | # OF ROOMS OF PERSONAL PROPERTY |                    |
|----------------|------------|---------------------------------|--------------------|
| 1              | \$750.00   | Living Room                     | Pole Barn          |
| 2              | \$1000.00  | Dining Room                     | Shed               |
| 3              | \$1,200.00 | Family Room                     | Attic              |
| 4              | \$1,350.00 | Bedrooms                        | Basement           |
| 5              | \$1,500.00 | Kitchen                         | Porch              |
| 6              | \$1,650.00 | Laundry                         | Garage             |
| 7              | \$1,800.00 | Den or Office                   | Other              |
| 8              | \$1,950.00 |                                 | <b>TOTAL</b>       |
| Each Add. Room | \$300.00   |                                 | <b>AMOUNT DUE:</b> |

**SELF MOVE - ACTUAL COST (supported by receipts)**

|                |  |                                                   |  |
|----------------|--|---------------------------------------------------|--|
| Equipment cost |  | Hourly labor rate (capped at industry labor rate) |  |
| Supply cost    |  | <b>AMOUNT DUE:</b>                                |  |

**COMMERCIAL MOVE**

|                        |                    |  |
|------------------------|--------------------|--|
| Moving company invoice | <b>AMOUNT DUE:</b> |  |
|------------------------|--------------------|--|

**STORAGE COSTS**

|                      |  |                                 |                    |
|----------------------|--|---------------------------------|--------------------|
| Monthly storage rate |  | X number of months (limited 12) | <b>AMOUNT DUE:</b> |
|----------------------|--|---------------------------------|--------------------|